



Micro CT Services Request Form

Micro-CT Facility
Farmington, CT 06030-4037
(860) 679-8711

* Investigator Name: Douglas Adams

* Contact Name: Renata Rydzik

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* FOAPAL for payment of service fees: 400224 - 10300 - 20
(Fund) (Organization) (Program)

(Please confirm this account is active in CORES)

Your study reference number (if applicable): 19025

* If samples will be combined with or compared to any previous study, please provide those MicroCT Facility study number(s): New study, not to be combined with any previous study (e.g., A00###)

(Please specify our A00###; e.g., do not merely state "the last one")

* Storage media: 70% ETOH (if not ethanol, provide extra fluid for imaging)

* Total number & type of specimens: 40 mouse right femurs (20 female, 20 male, 16 weeks old, etc)

* Expected quantitative analysis and/or purpose of study:

- Image at 16 um resolution, scanned 4 at a time
- Quantify distal femur trabecular compartment and mid-diaphysis cortex per standard process

* Specimen names or naming scheme (please print clearly):

A comprehensive Excel table of specimen names is attached

**** Facility Use Only ****

Date of specimen submission to facility: _____